

Consumer Protection from Pharmaceutical Fraud in the Algerian legislation

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Abstract:

Medicines are considered as the best mean to treat patients, as result productive companies start competing with each other to produce the best, and the most effective medicines even so as to distribute it to consumers, as consequence to the race towards the top another phenomenon has emerged to invade the markets world widely; witch is medicinal fraud or imitative medications, and the latter pushed the government to put severe laws to punish responsible, finally this article is written to show the aspects of Algerian legislative protection enacted in medications and pharmaceutical domain is surely put to protect consumer's health of any fraud or imitation.

Keywords: Medicines ; Consumer ; Imitative; Protection; pharmaceutical fraud.

Introduction:

Medicine is considered one of the most important vital commodities associated with human life and health. Its importance derives from the fact that it represents the other aspect of medical care, as medical practice relies largely on medicine. Indeed, the results and outcomes of successful diagnosis often depend on choosing the appropriate medicine, which all states seek to make available to their citizens. The uses of medicines vary: some are used in diagnosing certain diseases, while others help the body compensate for what it lacks. Others are also used for prevention, such as vaccines and sera against infectious diseases. There is no doubt that this enormous diversity and variation in the effects and impacts of medicines makes them among the greatest and most important scientific achievements accomplished by humankind in recent decades.

As a result of scientific and technological development, the pharmaceutical industry was established and produced a huge quantity of medicines that varied and differed according to diseases. The pharmaceutical industry became global across different countries, which led to competition to control pharmaceutical markets and reap enormous profits. This was reflected in the emergence of companies and workshops operating secretly and illegally in

the production of medicines, known as counterfeit medicines.

The spread of counterfeit medicines constitutes a criminal offense that requires protecting the patient-consumer from its serious consequences and establishing strict control to prevent and avoid the marketing of such medicines by all means. For this reason, states seek to enact legislation (laws and regulations) aimed at eliminating this phenomenon or reducing it and curbing those who trade in people's lives for the sake of obtaining enormous profits.

Aware of this, the Algerian legislator enacted a legal framework to protect consumers of this product by establishing multiple civil and criminal legal guarantees, specifically aimed at combating this phenomenon.

Accordingly, we raise the following problem: **To what extent is legal protection effective in protecting medicine consumers from the phenomenon of pharmaceutical fraud?**

To address this problem, we examine the concept of the medicine consumer, the meaning of counterfeit medicine, and its risks in the first section. In the second section, we address the types of legal protection provided by the Algerian legislator to the patient-consumer against the phenomenon of pharmaceutical fraud.

Section One: The Nature of the Consumer and the Risks of Pharmaceutical Fraud

The consumption of medicine is an important stage in the treatment of the patient [i], as the patient takes medicine for the purpose of recovering from diseases or preventing them, and may take a falsified or counterfeit medicine, which affects their health and life. In order to gain a broader understanding of who the consumer is, what pharmaceutical fraud means, and its risks, we have divided this section into two subsections. The first addresses the concept of the consumer, while the second addresses the nature of medicine as well as the concept and risks of pharmaceutical fraud.

Subsection One: The Concept of the Consumer

The need to protect the consumer is based on the state of weakness prevailing over the consumer and the clear imbalance between the consumer and the professional [ii]. Linguistically, the consumer is defined as the person who carries out the process of consumption [iii]. Jurists have differed in determining its concept between two approaches. The first is a restrictive approach, which considers that those who benefit from protection laws are consumers and not professionals who contract outside their specialization for the purposes of their profession. According to this approach, protection is restricted to consumers. Consumer transactions carried out by professionals within the framework of their profession are not subject to protection [iv].

Supporters of this approach focus, in their definition of the consumer, on the purpose of the person's contract, which must be non-professional [v]. Thus, the consumer is every non-professional purchaser of a consumer product intended for personal use [vi]. Others have defined the consumer as every person who contracts for the purpose of consumption, or as anyone who concludes contracts with the aim of obtaining their personal and family needs for goods and services [vii].

The second approach among jurists tends to broaden the meaning of the consumer so as to include anyone who undertakes a legal act in order to use property or a service for personal or professional purposes. These scholars seek to extend the scope of legal protection to professionals whenever they undertake acts serving their profession, as is the case with a physician or pharmacist when purchasing medical or pharmaceutical equipment [viii].

According to this approach, the consumer means “every person who contracts for the purpose of consumption, that is, for the use or utilization of property or a service, whether for personal or professional use” [ix].

According to this concept, a professional is considered a consumer when acting outside the scope of their professional specialization, on the basis that this non-specialized professional also appears as a non-professional contracting party and is therefore in a weak position similar to that of the ordinary consumer [x].

As for the position of the Algerian legislator regarding the determination of the concept of the consumer, it adopted the broad concept pursuant to Executive Decree No. 90-39 concerning quality control and the suppression of fraud [xi], where it used the expression “intermediate use” under Article 2, paragraph 9 [xii], which provided that the consumer is every person who acquires, for a price or free of charge, a product or service intended for intermediate or final use to meet their personal needs, the needs of another person, or an animal under their care. However, it later withdrew from this position and adopted the restrictive concept through Law No. 04-02 of July 23, 2004, establishing the rules applicable to commercial practices, pursuant to Article 3, paragraph 2, which provides that “the consumer is every natural or legal person who purchases goods offered for sale or benefits from services offered and devoid of any professional character” [xiii].

As for the new law relating to consumer protection and the suppression of fraud, issued on February 25, 2009, it addressed the concept of the consumer by adopting the restrictive concept pursuant to Article 3, paragraph 2, which provides as follows: “The consumer is every natural or legal person who acquires, for consideration or free of charge, a good or

service intended for final use in order to meet their personal needs or the needs of another person or an animal under their care.”

Accordingly, the consumer is every natural or legal person who acquires, for a price or free of charge, medicine in order to meet their personal needs or the needs of another person for final consumption. However, what distinguishes the consumer in this field is that, when purchasing medicine for the purpose of recovering from diseases, they are not an ordinary consumer; rather, they are compelled to purchase a particular pharmaceutical product and do not have the ability to choose between one product and another. They also lack any expertise or knowledge concerning the nature of the pharmaceutical substance [xiv]. They are a person who is compelled to take it for the purpose of recovery and treatment [xv].

Subsection Two: Definition of Medicine and the Risks of Pharmaceutical Fraud

First: The Concept of Medicine

The concept of medicine differs from one legal system to another depending on the state and its surrounding environment. Before discussing the legal concept of medicine, we address its scientific concept. It is any substance or combination of substances prepared for the treatment or prevention of disease in humans or animals, or used to diagnose medical conditions or to restore, repair, or modify physiological functions in humans or animals [xvi]. Others have defined it as every substance or group of substances used to diagnose diseases, cure them, alleviate their pain, or prevent them, including substances that affect the structure or functions of the body [xvii]. It is also defined as every substance that, when used correctly and appropriately, has an appropriate effect on the human body [xviii]. Some jurists have considered it to be “any substance of plant or animal origin used to treat diseases in humans or animals or to prevent them, administered orally, by injection, through external use, or by any other method, or described as possessing these advantages” [xix].

The U.S. Food and Drug Administration has defined it as follows: “A drug is any substance or substances prepared for use with the purpose of diagnosis, cure, mitigation or alleviation of pain, treatment, or prevention of diseases affecting humans. Such substances also include non-food substances intended to affect the structure or vital bodily functions of humans or animals” [xx].

As for the Algerian legislator, medicine was defined under Article 208 of Law No. 18-11 relating to health, which provides: “For the purposes of this law, a medicine is any substance or composition presented as having therapeutic or preventive properties against human or animal diseases, and all substances that may be prescribed for humans or animals for the

purpose of carrying out a medical diagnosis or restoring, correcting, or modifying their physiological functions” [xxi].

The Algerian legislator considers dietary products containing non-food substances that give them properties beneficial to human health, stable products derived from blood, kidney dialysis concentrates or peritoneal dialysis solutions, and medical gases to be medicines. As for personal hygiene and cosmetic products containing toxic substances in quantities and concentrations exceeding those determined by regulation, they are considered equivalent to medicines [xxii].

It can be inferred from the foregoing definitions that the Algerian legislator requires substances or compositions to possess therapeutic or disease-preventive properties with regard to human or animal diseases [xxiii].

Second: The Concept of Pharmaceutical Fraud

Fraud takes various forms and differs in its manifestations, extending into numerous fields, which has a negative impact on society. It is inherently an unlawful act because it represents disregard for the rights of others and a violation of legal obligations, in addition to being contrary to the rules of morality and justice and the principles of law, as it is considered one of the behaviors rejected by religion and society [xxiv]. In legal terminology, fraud means a breach of the duty of honesty or disclosure imposed by law, agreement, the nature of the transaction, or a special relationship of trust [xxv].

This phenomenon has intensified and has affected the pharmaceutical sector to such an extent that no one, regardless of their level of education, experience, or academic qualifications, is now able, merely by appearance, to distinguish between a package of genuine medicine and one containing counterfeit medicine.

It can be said that counterfeit medicines are medicines manufactured outside the legitimate pharmaceutical manufacturing system or within it, but whose components or method of preparation do not conform to internationally agreed specifications and standards, such that they are ineffective or have limited effectiveness in treating disease, and may also cause harm to the patient [xxvi].

It is also defined as a medicine whose components and method of preparation do not conform to internationally agreed standard specifications, and consequently, this counterfeit medicine becomes ineffective in treating diseases while at the same time causing the greatest harm to the patient [xxvii].

As for the classes and types of counterfeit medicines, they take several forms and may

include:

[i] Didane Bouazza, "The Marketing of Medicine in the Market under Consumer Law," *Algerian Journal of Legal, Economic and Political Sciences*, University of Algiers, No. 3, 8200, p. 207.

[ii] Khaled Abdel Fattah Mohamed Khalil, *Consumer Protection in Private International Law*, n.p., New University Publishing House, Alexandria, 9200, p. 5.

[iii] Abdel Moneim Moussa Ibrahim, *Consumer Protection: A Comparative Study*, 1st ed., Al-Halabi Legal Publications, Beirut, Lebanon, 7200, p. 18.

[iv] Islam Hashem Abdel Maqsoud Saad, *Legal Protection of the Consumer between Civil Law and Islamic Jurisprudence: A Comparative Study*, n.p., New University Publishing House, Alexandria, 1420, p. 32.

[v] Mohamed Abdel Shafi Ismail, *Deceptive Commercial Advertising and the Extent of Protection Guaranteed by the Criminal Legislator*, 1st ed., Dar Al-Nahda Al-Arabiya, Egypt, 1999, p. 18.

[vi] Ben Daoud Ibrahim, *Consumer Protection Law under the Provisions of Law 09-03 of February 25, 2009, Relating to Consumer Protection and the Suppression of Fraud*, Dar Al-Kitab Al-Hadith, Cairo, 1620, p. 34.

[vii] Omar Mohamed Abdel Baqi, *Contractual Consumer Protection: A Comparative Study between Sharia and Law*, n.p., Mansha'at Al-Maaref, Alexandria, 0420, p. 23.

[viii] Abdel Naem Moussa Ibrahim, op. cit., p. 19.

[ix] Youcef Chenidi, "The Legal Concept of the Consumer: An Analytical Study," *Journal of Sharia and Law*, No. 44, October 2010, p. 163.

[x] Mohamed Boudali, *Consumer Protection in Comparative Law: A Comparative Study in French Law*, Dar Al-Kitab Al-Hadith, 2006 ed., Egypt, pp. 22–23.

[xi] The Algerian legislator retained the regulatory provisions of Law 89-02, repealed under Article 94 of Law 09-03 of February 25, 2009, relating to consumer protection and the suppression of fraud, Official Gazette No. 15, dated March 8, 2009.

[xii] Executive Decree No. 90-39 of January 30, 1990, relating to quality control and the suppression of fraud, Official Gazette No. 5, dated January 31, 1990.

[xiii] Law No. 04-02 of June 23, 2004, establishing the rules applicable to commercial practices, Official Gazette No. 41, dated June 27, 2004.

[xiv] Osama Ahmed Badr, *Guaranteeing the Risks of Medical Products*, New University Publishing House, Alexandria, Egypt, 2005 ed., p. 81.

- [xv] Zahia Si Youcef, *Civil Liability of the Producer*, Dar Houma, Algeria, 2009 ed., p. 90.
- [xvi] Article 1 of the Regulation on the Registration of Pharmaceutical Companies and Their Products, document published on www.sgh.org.sa – 28-12-2025.
- [xvii] Bassam Badawi Al-Hallaq & Ruba Aouni Al-Saeed, *Modern Pharmacology*, 1st ed., Arab Society Library for Publishing and Distribution, Amman, p. 11.
- [xviii] Safaa Shukour Abbas, *Multiple Liable Parties for Defective Medicine: A Comparative Analytical Study in Civil Law*, Modern Book Foundation, 1st ed., Lebanon, 2013, p. 21.
- [xix] Abdel Hakim Mustafa Al-Sharqawi – GATT –, *The Objective and Purpose: A Perspective from the History of the Global Economy*, Dar Al-Fikr Al-Jami'i, Alexandria, Egypt, 2003, p. 59.
- [xx] Published on the website www.fda.gov/default.htm/http. Accessed on 03-01-2026.
- [xxi] Law No. 18-11 of July 2, 2018, relating to health, Official Gazette No. 46, issued on July 29, 2018. It was also provided for in Article 170 of Law 85-05, as amended and supplemented by Article 4 of Law 08-13 relating to the protection and promotion of health, as follows: “Medicine means any substance or composition presented as containing therapeutic or preventive properties against human or animal diseases, and all substances that may be prescribed for humans or animals for the purpose of carrying out a medical diagnosis or restoring, correcting, or modifying their organic functions.” It is noted that the Algerian legislator replaced the term “organic” in Law 08-13 with the term “physiological” in Law 18-11, which is more precise and closer to the intended meaning.
- [xxii] Article 209 of Law 18-11, op. cit.
- [xxiii] Didane Bouazza, op. cit., p. 209.
- [xxiv] Dina Abdullah Saleh Abdullah, “Legal Liability Arising from Acts of Commercial Fraud in the Saudi System,” *Academic Journal of Research and Scientific Publishing*, No. 10, 2020, pp. 03–05.
- [xxv] Reda El-Sayed Abdel-Ati, *The Crime of Pharmaceutical Fraud and Related Crimes*, 1st ed., Dar Mahmoud, Cairo, Egypt, 2016, p. 3.
- [xxvi] Sarah bint Saad bin Mohammed Al-Noubait, *Criminal Liability for the Manufacture of Counterfeit Medicines in the Saudi System: A Comparative Study with Jordanian Law*, Master’s Thesis, Department of Sharia and Law, College of Criminal Justice, Naif Arab University for Security Sciences, Riyadh, 2017, p. 4.
- [xxvii] Ali Ahmed Mustafa, *Insight into Threats to Pharmaceutical Security – Counterfeit*

Medicines, Riyadh, published on <http://www.academia.edu/12124685>. Accessed on 15-12-2025.

- Medicines that contain no active substance whatsoever. These do not merely financially exhaust the patient, but also make the patient a victim of illusion, believing that continuing to take the medicine will eventually lead to recovery from the disease. Instead, they aggravate the patient's health condition and increase the pain caused by the disease, which progresses rapidly.
- Medicines that contain an active substance or active substances, but which are substitutes for the substance or substances constituting the original product [i].
- Medicines that contain the correct quantities of the active substance, but which have been placed in the wrong packages.
- Medicines that are counterfeit copies of the original medicine, but without authorization from the original company.
- Medicines containing large quantities of impurities and unwanted substances.
- Medicines that do not contain sufficient information on how to use them or adequate warnings concerning contraindications or their side effects.
- Medicines that have not been registered with the health and regulatory authorities in the country where they are sold [ii].

As for the Algerian legislator, it addressed counterfeit medicine through Article 211, which provides that counterfeit medicine, within the meaning of this law, means every medicine defined in Article 208 above that contains an error in presentation with regard to:

- Its identity, including its packaging, labeling, or composition, including each of its components, including excipients and the quantity of these components.
- Its source, including its manufacturer, country of manufacture, or country of origin.
- Its history, including licenses, registrations, and documents relating to distribution channels [iii].

We note that the Algerian legislator used the word or term “error,” as it states that it “contains an error in presentation...” It would have been more appropriate to use another term that is more indicative and clearer in meaning, because counterfeit medicine is falsified medicine, and fraud cannot be committed by error; rather, it is intentional, particularly since the producer or manufacturer of the medicine is a professional person who possesses full scientific and technical knowledge and expertise of all the stages and phases of

manufacturing the medicine until it reaches the stage of being placed on the markets. Moreover, pharmaceutical fraud constitutes an intentional crime.

Third: Risks of Counterfeit Medicines

Counterfeit medicines constitute a real threat to human health, particularly to patients suffering from chronic diseases such as diabetes and hypertension. For example, the use of counterfeit antibiotics, which contain concentrations lower than the required therapeutic concentrations, leads disease-causing agents such as bacteria to acquire resistance to antibiotics.

Counterfeit medicines that contain concentrations of impurities or toxic substances also cause health problems and complications, the most important of which are kidney failure and diseases of the immune and digestive systems, cancer, and, in some cases, death. Among their negative consequences is that they impose significant annual losses on the economy, the effects of which are reflected on citizens and the health sector of the state.

As for the impact of these counterfeit medicines on the sales of pharmaceutical companies and local and foreign pharmaceutical factories, they cause them financial losses as a result of purchasing counterfeit products that imitate original pharmaceutical products. Their direct danger to the patient-consumer lies in the fact that they may lose confidence in the state's health system, those responsible for it, and the bodies concerned with it [iv].

Section Two: Legal Protection of Consumers of Counterfeit Medicines

In this section, we address the various protective procedures and measures established by the Algerian legislator to combat the phenomenon of pharmaceutical fraud and obtain safe medicines.

Subsection One: Preventive Protection

This refers to the preventive measures taken by various administrative bodies during production and even before the production process, with the aim of preventing fraud in the commodity before it is placed on the market and offered for sale. Some of these measures are periodic and carried out regularly, while others are sudden [v]. These procedures and measures can be presented as follows:

First – Pharmaceutical Monopoly: Medicines and pharmaceutical substances, as substances that are dangerous to human health, cannot be dealt with, whether in terms of their production or distribution, except by persons, whether natural or legal, who are authorized to practice the profession. The manufacture and distribution of medicines are therefore subject to the pharmaceutical monopoly system [vi].

The Algerian legislator has reserved the production, exploitation, importation, exportation, and wholesale distribution of pharmaceutical substances to pharmaceutical establishments [vii], after they have obtained accreditation from the competent services of the ministry responsible for the pharmaceutical industry [viii], after fulfilling the conditions stipulated by Executive Decree 92-285 relating to licenses for the operation of an establishment for the production and/or distribution of pharmaceutical products [ix].

Article 2, as amended in turn by Article 1 of Executive Decree 93-114 [x], provides as follows: “The opening and operation of an establishment for the production and/or distribution of pharmaceutical products shall be subject to prior authorization from the minister responsible for health in the case of production establishments, and from the governor of the region in which the establishment is located in the case of distribution establishments. This authorization shall be granted after obtaining a favorable opinion from the central committee attached to the minister responsible for health with regard to production establishments.”

As for the application file for obtaining a license to operate an establishment for the production of pharmaceutical products, Article 12 of the aforementioned Decree 92-285 provides that the license application file shall contain the following documents:

- A copy of the articles of association of the pharmaceutical establishment concerned.
- The address of the pharmaceutical establishment concerned by the application.
- A plan of the entire premises at a scale of 1/100, indicating the purpose of each premises.
- The name and address of the technical director and supporting documents proving their qualifications and professional experience.
- A statement showing the number of employees according to their social and professional category, as well as the names and qualifications of the principal executives.
- For distribution establishments, a list of the materials intended for distribution and a list of the provinces in which they will be distributed.
- For production establishments, a list of the various pharmaceutical forms intended to be produced and a list of the planned production and control equipment.
- A copy of the technical section of any agreements relating to technology transfer or license concessions [xi].

The Algerian legislator also required the technical management of the establishment to be under the responsibility of a pharmacist acting as technical director who meets the professional qualification and practice requirements determined by regulation [xii].

Second – Procedure for the Registration of Medicines

In order to protect the consumer (patient) from taking unauthorized and (counterfeit) medicines, the legislator has required pharmaceutical products used in human medicine to be registered in the national register or registers of pharmaceutical substances. These are considered registers containing all registered substances and are continuously updated [xiii]. In an effort by the Algerian legislator to establish more detailed provisions, Executive Decree 92-284 was issued concerning the registration of pharmaceutical products used in human medicine. This decree aims to determine the conditions for registering these pharmaceutical products [xiv]. The registration decision requires the manufacturer or importer to prove that it has ensured the safety of the product under normal conditions of use, its medical importance, and that it has carried out qualitative and quantitative analysis thereof. It must also actually possess premises, facilities, and manufacturing and control methods capable of ensuring the quality of the product during its industrial manufacture in accordance with standards of good manufacturing, packaging, storage, and control practices [xv].

In addition, these pharmaceutical products, including medicines, are subject to an expert examination procedure consisting of studies and tests intended to verify that the medicine actually contains the compounds and possesses the characteristics stated in the technical and scientific file submitted for registration. This procedure includes four stages:

- Study and evaluation of the scientific and technical file.
- Physical, chemical, microbiological, microscopic, and, where appropriate, biological tests.
- Pharmacological and toxicological tests.
- Medical and therapeutic tests [xvi].

Regarding the authority competent to conduct the necessary expertise and analyses on the samples taken for registration in the national register of pharmaceutical substances, it is the National Agency for Pharmaceutical Products, noting that this task was previously the exclusive responsibility of the National Laboratory for the Control of Pharmaceutical Products [xvii]. The functions of the laboratory were transferred to the National Agency for Pharmaceutical Products pursuant to Article 29 of Decree 19-190 [xviii]. Accordingly, the Algerian legislator entrusted this agency with the task of granting the registration decision

and approval, as provided for in Article 223 of Law 18-11 relating to health. It is a public institution with special management, enjoying legal personality, and placed under the supervision of the minister responsible for the pharmaceutical industry [xix].

The Agency is responsible for registering, approving, and monitoring pharmaceutical substances and medical devices. In this capacity, it is specifically responsible for granting and renewing the registration decision and, where appropriate, suspending, withdrawing, relinquishing, and transferring it, after obtaining the opinion of the Pharmaceutical Substances Registration Committee [xx].

1. Mandatory Conformity to Ensure the Quality and Effectiveness of Medicines:

The Algerian legislator has established measures and mechanisms ensuring the protection of consumers in general and patients in particular by imposing additional obligations on professional practitioners, who must respect professional practices from the beginning of production until the product or medicine is placed on the market for consumption. This is achieved by establishing preventive guarantees to avoid the occurrence of harm. One of the most important of these obligations is compliance with legal specifications and technical standards established by technical and regulatory regulations, with the aim of ensuring quality and ensuring that the product is free from any defect or deficiency likely to affect the health and safety of the consumer [xxi].

The Algerian legislator provided, through Article 3, paragraph 18, of Law 09-03 on Consumer Protection and the Suppression of Fraud, that conformity means the compliance of every product intended for consumption with the conditions contained in technical regulations and with the health, environmental, safety, and security requirements specific to it. It also gave conformity a broad meaning, as every product offered for consumption must meet the legitimate expectations of the consumer with regard to its nature, quality, origin, essential characteristics, composition, proportion of necessary constituents, identity, quantities, suitability for use, and errors resulting from its use [xxii].

Third – Pharmaceutical Inspection Procedure

The pharmaceutical inspection authority monitors pharmacies, their annexes, and pharmaceutical warehouses, in addition to protecting consumers from the use of counterfeit and falsified medicines. Inspecting practitioners are responsible for monitoring structures, establishments, bodies, and every other place where health activities are carried out or where health products are produced, deposited, marketed, imported, shipped, stored, or analyzed [xxiii].

Subsection Two: Subsequent (Remedial) Legal Protection

This is the protection provided by the legislator after the act of fraud itself has occurred with respect to medicines offered on the market. It is addressed through the various civil, criminal, and specific laws.

First – Civil Protection

The Algerian legislator has adopted objective product liability in the first paragraph of Article 140 bis of the Civil Code, which provides: “The producer shall be liable for damage resulting from a defect in his product even if there is no contractual relationship between him and the injured party [xxiv].” Accordingly, the producer's liability is based on the damage resulting from the breach of the obligation imposed by law, the content of which is not to cause harm to others. Once the defect in the pharmaceutical product and the damage have been established, liability arises. However, the Algerian legislator has not clarified or specified the detailed provisions governing producer liability.

Accordingly, the Algerian legislator followed the approach of the French legislator in order to provide the greatest possible protection to the consumer, because, from a practical perspective, it is difficult for the consumer to prove the producer's fault, particularly when the products involve high technology, such as medicines [xxv].

[i] Sarah bint Saad bin Mohammed Al-Noubeit, op. cit., p. 48.

[ii] See the Pharmaceutical Security Insight Document, op. cit., p. 7.

[iii] Article 211 of Law 18-11, op. cit.

[iv] Mohamed El-Sayed El-Ramadi, *Risks of Counterfeit Medicines and Methods of Combating Them*, College of Forensic Sciences, Naif Arab University for Security Sciences, pp. 3–4.

[v] Abdullah Hussein Mahmoud, *Consumer Protection from Commercial and Industrial Fraud: A Comparative Study between the United Arab Emirates and Foreign Countries*, 2nd ed., Dar Al-Nahda Al-Arabiya, Cairo, Egypt, 2002, p. 57.

[vi] El-Mor Siham, *Civil Liability of Producers and Sellers of Pharmaceutical Substances: A Comparative Study*, Doctoral dissertation submitted to obtain a PhD degree, Faculty of Law and Political Sciences, Abou Bekr Belkaid University, Tlemcen, Algeria, 2017, p. 183.

[vii] Article 219 of Law 18-11, op. cit.

[viii] Article 218 of Ordinance 20-02 of August 30, 2020, amending and supplementing Law 18-11 of July 2, 2018, relating to health, Official Gazette No. 50, issued on August 30, 2020.

[ix] Executive Decree No. 92-285 of July 6, 1992, relating to licenses for the operation of an establishment for the production and/or distribution of pharmaceutical products, Official Gazette No. 53, issued on July 12, 1992.

[x] Executive Decree 93-114 of May 12, 1993, amending and supplementing Decree 92-285, Official Gazette No. 32, dated May 16, 1993.

[xi] Article 12 of Decree 92-285, op. cit.

[xii] Article 218 of Law 18-11, op. cit., concerning the professional qualification and practice requirements determined by regulation, which has not yet been issued.

[xiii] Article 214 of Law 18-11, op. cit.

[xiv] Article 1 of Executive Decree 92-284 of July 6, 1992, relating to the registration of pharmaceutical products used in human medicine, Official Gazette No. 53, issued on July 12, 1992.

[xv] Article 7 of Decree 92-284, op. cit.

[xvi] Article 12 of Decree 92-284, op. cit.

[xvii] Executive Decree 93-140 of July 14, 1993, establishing and organizing the National Laboratory for the Control of Pharmaceutical Products and determining its operation, Official Gazette No. 41, issued on June 20, 1993.

[xviii] Executive Decree 19-190 of July 3, 2019, determining the functions, organization, and operation of the National Agency for Pharmaceutical Products, Official Gazette No. 43, issued on July 7, 2019.

[xix] Article 224 of Ordinance 20-02, op. cit. This agency was under the supervision of the minister responsible for health. Following the establishment of a delegated ministry within the Ministry of Health, Population and Hospital Reform responsible for the pharmaceutical industry pursuant to Presidential Decree 20-01 of January 2, 2020, concerning the appointment of members of the government, Official Gazette No. 01, dated January 5, 2020, and in order to avoid conflict and overlap in powers between the two ministries, this agency was placed under the supervision of the ministry responsible for the pharmaceutical industry pursuant to Ordinance 20-02 amending and supplementing Law 18-11 relating to health.

[xx] Article 5 of Decree 19-190, op. cit.

[xxi] Ben Safi Salima Fatima Zahra, *Placing Pharmaceutical Substances on the Market under Consumer Law*, dissertation submitted for the Master's degree, Faculty of Law and Political Sciences, Abou Bekr Belkaid University, Tlemcen, 2014–2015, p. 50.

[xxii] Article 11 of Law 09-03, op. cit.

[xxiii] Article 191 of Law 18-11, *op. cit.*

[xxiv] Article 140 bis of Law 05-10 of June 20, 2005, amending and supplementing Ordinance No. 75-58 of September 26, 1975, containing the Civil Code, as amended and supplemented, Official Gazette No. 44, issued on June 26, 2005.

[xxv] Abdelrahmane Al-Aichi, "Civil Liability of the Producer under Algerian Law: Commentary on Article 140 bis of the Civil Code," *Journal of Legal Research and Studies*, Saad Dahleb University, Blida, 2012, p. 112.

Diden Bouazza, "Placing Medicines on the Market for Circulation under Consumer Law," *Algerian Journal of Legal, Economic and Political Sciences*, University of Algiers, No. 3, 2008, p. 207.

[2] Khaled Abdel Fattah Mohamed Khalil, *Consumer Protection in Private International Law*, n.d., Dar Al-Jami'a Al-Jadida for Publishing, Alexandria, 2009, p. 5.

[3] Abdel Moneim Moussa Ibrahim, *Consumer Protection: A Comparative Study*, 1st ed., Al-Halabi Legal Publications, Beirut, Lebanon, 2007, p. 18.

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[5] Mohamed Abdel Shafi Ismail, *Misleading Commercial Advertisements and the Extent of Protection Provided by the Criminal Legislator*, 1st ed., Dar Al-Nahda Al-Arabiya, Egypt, 1999, p. 18.

[6] Ben Daoud Ibrahim, *Consumer Protection Law under the Provisions of Law 09-03 of 25 February 2009 on Consumer Protection and the Suppression of Fraud*, Dar Al-Kitab Al-Hadith, Cairo, 1620, p. 34.

[7] Omar Mohamed Abdel Baqi, *Contractual Protection of the Consumer: A Comparative Study between Sharia and Law*, n.d., Mansha'at Al-Maaref, Alexandria, 0420, p. 23.

[8] Abdel Naem Moussa Ibrahim, *op. cit.*, p. 19.

[9] Youssef Chenidi, "The Legal Concept of the Consumer: An Analytical Study," *Journal of Sharia and Law*, No. 44, October 2010, p. 163.

[10] Mohamed Boudali, *Consumer Protection in Comparative Law: A Comparative Study in French Law*, Dar Al-Kitab Al-Hadith, 2006 ed., Egypt, pp. 22–23.

[11] The Algerian legislator retained the regulatory provisions of repealed Law 89-02, repealed pursuant to Article 94 of Law 09-03 of 25 February 2009 on Consumer Protection and the Suppression of Fraud, *Official Gazette*, No. 15, dated 8 March 2009.

- [12] Executive Decree No. 90-39 of 30 January 1990 on Quality Control and the Suppression of Fraud, *Official Gazette*, No. 5, dated 31 January 1990.
- [13] Law No. 04-02 of 23 June 2004 establishing the rules applicable to commercial practices, *Official Gazette*, No. 41, dated 27 June 2004.
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[37] Executive Decree 93-114 of 12 May 1993 amending and supplementing Decree 92-285, *Official Gazette*, No. 32, dated 16 May 1993.

[38] Article 12 of Decree 92-285, cited above.

[39] Article 218 of Law 18-11, cited above, concerning the conditions of professional qualification and practice established by regulation, which had not yet been issued.

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[41] Article 1 of Executive Decree 92-284 of 6 July 1992 on the Registration of

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[42] Article 7 of Decree 92-284, cited above.

[43] Article 12 of Decree 92-284, cited above.

[44] Executive Decree 93-140 of 14 July 1993 establishing, organizing, and regulating the operation of the National Laboratory for the Control of Pharmaceutical Products, *Official Gazette*, No. 41, issued on 20 June 1993.

[45] Executive Decree 19-190 of 3 July 2019 determining the missions, organization, and operation of the National Agency for Pharmaceutical Products, *Official Gazette*, No. 43, issued on 7 July 2019.

[46] Article 224 of Ordinance 20-02, cited above. This agency was previously placed under the supervision of the minister responsible for health. Following the establishment of a delegated ministry within the Ministry of Health and Population and Hospital Reform responsible for the pharmaceutical industry, pursuant to Presidential Decree 20-01 of 2 January 2020 on the appointment of members of the Government, *Official Gazette*, No. 1, dated 5 January 2020, and in order to prevent conflicts and overlaps in jurisdiction between the two ministries, the agency was placed under the supervision of the ministry responsible for the pharmaceutical industry pursuant to Ordinance 20-02 amending and supplementing Law 18-11 on Health.

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